

(IMPORTANT: Type or print; read instructions before completing form)



United States
Environmental Protection
Agency

FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number

80913SRMYFRTE2W

Toxic Chemical, Category or Generic Name
Copper

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center
P.O.Box 1513
Lanham, MD 20703-1513

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1. REPORTING YEAR 2003****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

Thomas L. Warren Director, DECAM

06/15/2004

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 80913SRMYFRTE2W

Facility or Establishment Name Range Facility for Fort Carson

Facility or Establishment Name or Mailing Address (if different from street address) DECAM

Street Mailing Address

RT 2 Wilderness Rd, Bldg 9550 1638 Elwell St., Bldg 6236

City/County/State/Zip Code City/State/Zip Code Country (Non-US)

Fort Carson El Paso, Fremont, Pueblo CO 80913-4000 Fort Carson CO 80913-4356

4.2 This report contains information for:
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☒ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name John Cloonan Telephone Number (include area code)
(719) 526-8004

Email Address john.cloonan@carson.army.mil

4.4 Public Contact Name John Cloonan Telephone Number (include area code)
(719) 526-8004

4.5 SIC Code (s) (4 digits) Primary a. 9711 b. c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds

38 45 45 104 47 45

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. NA a. CO2210020150 a. CO0021181 a. NA

b. b. b. CO0034771 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ U.S. Department of Defense

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number _____
 NO HAZARDOUS WASTE
 Toxic Chemical, Category or Generic Name
 Copper

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 7440-50-8																																		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Copper																																		
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) NA																																		
1.4	<p>Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)</p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA																																			

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
-----	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use			

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	05 (Enter two-digit code from instruction package.)
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SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>		
5.2	Stack or point air emissions	NA <input checked="" type="checkbox"/>		
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box
 and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

E 13 JR W F RTE2 W

Toxic Chemical, Category, or Generic Name

Copper

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	X		
5.5.1.B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3A	RCRA Subtitle C Surface Impoundments	X		
5.5.3B	Other surface impoundments	X		
5.5.4	Other disposal		69013	E

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
---	---

NA

6.1.B. 1

POTW Name

NA

POTW Address

City

State

County

Zip

6.1.B.

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site Location Name

NA

Off-site Address

City

State

County

Zip

Country
(Non-US)

Is location under control of reporting facility or parent company?

Yes

No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

EPA 133R MTRTE: W

Toxic Chemical, Category, or Generic Name

Copper

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*)
(enter range code** or estimate)B. Basis of Estimate
(enter code)C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (enter code)

1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-site Address

City		State		County		Zip		Country (Non-US)	
------	--	-------	--	--------	--	-----	--	---------------------	--

Is location under control of reporting facility or parent company?

☐ Yes ☐ NoA. Total Transfers (pounds/year*)
(enter range code** or estimate)B. Basis of Estimate
(enter code)C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (enter code)

1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1 2 3 4 5 6 7 8		%	Yes No
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2 3 4 5 6 7 8		%	Yes No
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2 3 4 5 6 7 8		%	Yes No
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2 3 4 5 6 7 8		%	Yes No
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2 3 4 5 6 7 8		%	Yes No

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box
and indicate the Part II, Section 6.2/7A page number in this box: (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART III. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

30710614 RTE: W

Toxic Chemical, Category, or Chemical Name

Copper

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	93704	69013	90000	90000
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year) NA				
8.9	Production ratio or activity index 0.74				
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one Box)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



United States
Environmental Protection
Agency

FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number

80913SRMYFRTE2W

Toxic Chemical, Category or Generic Name
Lead

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center 2. APPROPRIATE STATE OFFICE
P.O.Box 1513 (See instructions in Appendix F)
Lanham, MD 20703-1513

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1. REPORTING YEAR 2003****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

Thomas L. Warren Director, DECAM

06/15/2004

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 80913SRMYFRTE2W

Facility or Establishment Name Facility or Establishment Name or Mailing Address (if different from street address)

Range Facility for Fort Carson DECAM

Street Mailing Address

RT 2 Wilderness Rd, Bldg 9550 1638 Elwell St., Bldg 6236

City/County/State/Zip Code City/State/Zip Code Country (Non-US)

Fort Carson El Paso, Fremont, Pueblo CO 80913-4000 Fort Carson CO 80913-4356

4.2 This report contains information for:
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☒ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name John Cloonan Telephone Number (include area code)
(719) 526-8004

Email Address john.cloonan@carson.army.mil

4.4 Public Contact Name John Cloonan Telephone Number (include area code)
(719) 526-8004

4.5 SIC Code (s) (4 digits) Primary a. 9711 b. c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds

38 45 45 104 47 45

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. NA a. CO2210020150 a. CO0021181 a. NA

b. b. CO0034771 b. CO0034771 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ U.S. Department of Defense

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number _____
 DO NOT SIGN HERE W _____
 Toxic Chemical, Category or Generic Name _____
 Lead _____

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
 7439-92-1

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
 Lead

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)
 NA

Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1.4 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
 NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
 NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
 (Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 04 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA X		
5.2	Stack or point air emissions	NA X		
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box
 and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

63133R47FRT2N

Toxic Chemical, Category, or Generic Name

Lead

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	X		
5.5.1.B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3.A	RCRA Subtitle C Surface Impoundments	X		
5.5.3.B	Other surface impoundments	X		
5.5.4	Other disposal		66743	E

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
---	---

NA

6.1.B. 1	POTW Name	NA
POTW Address		
City	State	County

6.1.B.	POTW Name	
POTW Address		
City	State	County

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site Location Name	NA
Off-site Address	
City	State

Is location under control of reporting facility or parent company?

Yes

No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

EPA 133R MTRTE: W

Toxic Chemical, Category, or Generic Name

Lead

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*)
(enter range code** or estimate)B. Basis of Estimate
(enter code)C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (enter code)

1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-site Address

City		State		County		Zip		Country (Non-US)	
------	--	-------	--	--------	--	-----	--	---------------------	--

Is location under control of reporting facility or parent company?

☐ Yes ☐ NoA. Total Transfers (pounds/year*)
(enter range code** or estimate)B. Basis of Estimate
(enter code)C. Type of Waste Treatment/Disposal/
Recycling/Energy Recovery (enter code)

1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1 2 3 4 5 6 7 8		%	Yes No
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2 3 4 5 6 7 8		%	Yes No
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2 3 4 5 6 7 8		%	Yes No
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2 3 4 5 6 7 8		%	Yes No
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2 3 4 5 6 7 8		%	Yes No

 If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box
 and indicate the Part II, Section 6.2/7A page number in this box: (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R **PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number _____

10712514 RTE, W _____

Toxic Chemical, Category, or Generic Name _____

Lead _____

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)	
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	45324	66743	47000	47000
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				NA
8.9	Production ratio or activity index				1.47
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one Box)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	



United States
Environmental Protection
Agency

FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number

80913SRMYFRTE2W

Toxic Chemical, Category or Generic Name
Lead Compounds

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center
P.O. Box 1513
Lanham, MD 20703-1513

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2003

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

Thomas L. Warren Director, DECAM

06/15/2004

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number 80913SRMYFRTE2W

Facility or Establishment Name
Range Facility for Fort Carson

Facility or Establishment Name or Mailing Address (if different from street address)
DECAM

Street
RT 2 Wilderness Rd, Bldg 9550

Mailing Address
1638 Elwell St., Bldg 6236

City/County/State/Zip Code
Fort Carson El Paso, Fremont, Pueblo CO 80913-4000

City/State/Zip Code
Fort Carson CO 80913-4356

Country (Non-US)

4.2 This report contains information for:
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☒ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name John Cloonan Telephone Number (include area code)
(719) 526-8004

Email Address john.cloonan@carson.army.mil

4.4 Public Contact Name John Cloonan Telephone Number (include area code)
(719) 526-8004

4.5 SIC Code (s) (4 digits) Primary a. 9711 b. c. d. e. f.

4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
38 45 45 104 47 45

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. NA a. CO2210020150 a. CO0021181 a. NA

b. b. b. CO0034771 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ U.S. Department of Defense

5.2 Parent Company's Dun & Bradstreet Number NA ☒

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

DO NOT WRITE

Toxic Chemical, Category or Generic Name

Lead Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

N420

1.2

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Lead Compounds

1.3

Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)

NA

1.4

Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----

NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1

Manufacture the toxic chemical:

3.2

Process the toxic chemical:

3.3

Otherwise use the toxic chemical:

a. ☒ Produce b. ☐ Import

If produce or import:

c. ☐ For on-site use/processingd. ☐ For sale/distributione. ☐ As a byproductf. ☒ As an impuritya. ☐ As a reactantb. ☐ As a formulation componentc. ☐ As an article componentd. ☐ Repackaginge. ☐ As an impuritya. ☐ As a chemical processing aidb. ☐ As a manufacturing aidc. ☒ Ancillary or other use**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

4.1

03

(Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

5.1

Fugitive or non-point air emissions

NA

A. Total Release (pounds/year*)
(Enter range code or estimate**)

629

B. Basis of Estimate
(enter code)

E

C. % From Stormwater

5.2

Stack or point air emissions

NA

☒

5.3

Discharges to receiving streams or water bodies (enter one name per box)

Stream or Water Body Name

5.3.1

NA

5.3.2

5.3.3

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

EPA 135R-01-001-001

Toxic Chemical, Category, or Generic Name

Lead Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	X		
5.5.1.B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3.A	RCRA Subtitle C Surface impoundments	X		
5.5.3.B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
---	---

NA

6.1.B. 1

POTW Name

NA

POTW Address

City

State

County

Zip

6.1.B.

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site Location Name

NA

Off-site Address

City

State

County

Zip

Country
(Non-US)

Is location under control of reporting facility or parent company?

Yes

No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

EPA 133R M F RTE: W

Toxic Chemical, Category, or Generic Name

Lead Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-site Address

City

State

County

Zip

Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

X Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1 2 3 4 5 6 7 8		%	Yes No
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2 3 4 5 6 7 8		%	Yes No
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2 3 4 5 6 7 8		%	Yes No
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2 3 4 5 6 7 8		%	Yes No
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2 3 4 5 6 7 8		%	Yes No

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box

and indicate the Part II, Section 6.2/7A page number in this box: (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

3071-Gr W Yr RTE. W

Toxic Chemical, Category, or Chemical Name

Lead Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)	
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	1441	629	700	700
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				NA
8.9	Production ratio or activity index				0.44
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one Box)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

(IMPORTANT: Type or print; read instructions before completing form)



United States
Environmental Protection
Agency

FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number

80913SRMYFRTE2W

Toxic Chemical, Category or Generic Name

Nitroglycerin

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center
P.O. Box 1513
Lanham, MD 20703-1513

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 2003****SECTION 2. TRADE SECRET INFORMATION**

2.1	Are you claiming the toxic chemical identified on page 2 trade secret?	2.2	Is this copy	<input type="checkbox"/> Sanitized	<input type="checkbox"/> Unsanitized
	<input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> NO (Do not answer 2.2; Go to Section 3)		(Answer only if "YES" in 2.1)		

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Thomas L. Warren Director, DECAM		06/15/2004

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number	80913SRMYFRTE2W
Facility or Establishment Name	Facility or Establishment Name or Mailing Address (if different from street address)	
Range Facility for Fort Carson	DECAM	
Street	Mailing Address	
RT 2 Wilderness Rd, Bldg 9550	1638 Elwell St., Bldg 6236	
City/County/State/Zip Code	City/State/Zip Code	Country (Non-US)
Fort Carson El Paso, Fremont, Pueblo CO 80913-4000	Fort Carson CO 80913-4356	

4.2 This report contains information for: ☒ a. An entire facility ☐ b. Part of a facility ☒ c. A Federal facility ☐ d. GOCO
(Important: check a or b; check c or d if applicable)

4.3 Technical Contact Name: John Cloonan Telephone Number (include area code): (719) 526-8004

Email Address: john.cloonan@carson.army.mil

4.4 Public Contact Name: John Cloonan Telephone Number (include area code): (719) 526-8004

4.5 SIC Code (s) (4 digits): **Primary** a. 9711 b. c. d. e. f.

4.6 Latitude: Degrees 38 Minutes 45 Seconds Longitude: Degrees 104 Minutes 47 Seconds

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. NA a. CO2210020150 a. CO0021181 a. NA
b. b. b. CO0034771 b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>	U.S. Department of Defense
5.2	Parent Company's Dun & Bradstreet Number	NA <input checked="" type="checkbox"/>	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

DO NOT SIGN HERE

Toxic Chemical, Category or Generic Name

Nitroglycerin

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

55-63-0

1.2

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Nitroglycerin

1.3

Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)

NA

Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1.4

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----

NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1

Manufacture the toxic chemical:

3.2

Process the toxic chemical:

3.3

Otherwise use the toxic chemical:

a. ☐ Produce b. ☐ Import

If produce or import:

c. ☐ For on-site use/processingd. ☐ For sale/distributione. ☐ As a byproductf. ☐ As an impuritya. ☐ As a reactantb. ☐ As a formulation componentc. ☐ As an article componentd. ☐ Repackaginge. ☐ As an impuritya. ☐ As a chemical processing aidb. ☐ As a manufacturing aidc. ☒ Ancillary or other use**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

4.1

04

(Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

5.1

Fugitive or non-point air emissions

NA ☒

5.2

Stack or point air emissions

NA ☒

5.3

Discharges to receiving streams or water bodies (enter one name per box)

A. Total Release (pounds/year*)
(Enter range code or estimate**)B. Basis of Estimate
(enter code)

C. % From Stormwater

Stream or Water Body Name

5.3.1

NA

5.3.2

5.3.3

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

6 X 13 JR M F RTE2 N

Toxic Chemical, Category, or Generic Name

Nitroglycerin

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	X		
5.5.1.B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3.A	RCRA Subtitle C Surface Impoundments	X		
5.5.3.B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*)
(enter range code** or estimate)6.1.A.2 Basis of Estimate
(enter code)

NA

6.1.B. 1 POTW Name

NA

POTW Address

City

State

County

Zip

6.1.B. POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site Location Name

NA

Off-site Address

City

State

County

Zip

Country
(Non-US)

Is location under control of reporting facility or parent company?

Yes

No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

EPA 133R M F RTE: W

Toxic Chemical, Category, or Generic Name

Nitroglycerin

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-site Address

City	State	County	Zip	Country (Non-US)
------	-------	--------	-----	---------------------

Is location under control of reporting facility or parent company?

☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1 2 3 4 5 6 7 8		%	Yes No
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2 3 4 5 6 7 8		%	Yes No
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2 3 4 5 6 7 8		%	Yes No
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2 3 4 5 6 7 8		%	Yes No
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2 3 4 5 6 7 8		%	Yes No

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box: (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

30712571M Yr RTE: W

Toxic Chemical, Category, or Chemical Name

Nitroglycerin

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	0	NA	0	0
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	NA			
8.9	Production ratio or activity index	NA			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one Box)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>